POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	*(handwritten)*		03/16-05
FORMALITY REVIEW		1020	04/04/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
–	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim Final	Original	Date							Claim		Date								Claim		Date							
	1								51										101										
	2								52										102										
	3								53										103										
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	49								99										149										
	50								100										150										

If more than 150 claims or 10 actions
staple additional sheet here